307   270/271 HEALTH CARE ELIGIBILITY BENEFIT INQUIRY AND RESPONSE

307.1   GENERAL INFORMATION

Introduction

This chapter contains information on processing electronic eligibility requests based on the 004010X092 version of the ASC X12N Health Care Eligibility Benefit Inquiry and Response Implementation Guide (270/271) and the Addenda (004010X092A1) dated October 2002. This document will identify information that is specific to conducting Electronic Data Interchange (EDI) with the Illinois Medical Assistance Program and other health care programs funded or administered by the Illinois Department of Healthcare and Family Services (HFS).

Questions, comments, or suggestions regarding this information should be directed to hfs.webmaster@illinois.gov

How to submit Recipient Eligibility Inquiry

The Department offers the ability to perform Direct Data Entry (DDE), real-time, and batch eligibility inquiries. Inquiries can be performed using the Medical Electronic Data Interchange (MEDI), or the Recipient Eligibility Verification (REV) system.

The MEDI web site, http://www.myhfs.com/ allows enrolled providers and their agents the ability to use DDE or to submit a 270 transaction to inquire upon eligibility information.

The REV system allows authorized vendors a means to submit 270 transactions on behalf of providers. More information on the REV system and the REV vendors is available at http://www.hfs.illinois.gov/rev/

The MEDI and the REV systems are available 24 hours a day, 7 days a week.

Grouping and Processing

The REV and MEDI systems offer a mechanism by which a single Recipient Eligibility Inquiry request can be processed and returned in a real-time mode. Under normal conditions, the response to any real-time inquiry will return in a matter of seconds.   A single Recipient Eligibility Inquiry request, also referred to as a real-time request, is defined as a single transaction. For real-time, if additional transactions are sent, HFS will process only the first transaction and ignore all others. Additionally, the MEDI IEC system will offer a mechanism whereby 270 X12 formatted transactions will be processed in a batch mode. For batch, multiple transactions are acceptable. Batch transactions will be accumulated throughout the day and under normal conditions, the response will occur within 24 hours.

Eligibility Information

The Department's MediPlan Card, KidCare Card, All Kids Card or Illinois Cares Rx Cards contain the Recipient Identification Number (RIN) for each participant. If the participant has their card or if the RIN is known, it should be submitted for all transactions.

If the participant's RIN is not known or is not available, providers may use any combination of the following two sources of identification to inquire on a participant's eligibility: Participant's Name (First and Last Name), Social Security Number and/or Date of Birth.

307.2   TECHNICAL INFORMATION

This section contains information relating to transmitting information to the Department. This section will identify, down to the data element level, anything unique to the Department in regards to the EDI transaction.

Transmission Information

The Department will continue to support its Recipient Eligibility Verification (REV) system. The REV system allows authorized Vendors a means to submit and receive electronic transactions, on behalf of Providers, for processing. The Department will also support a Medicaid Electronic Data Interchange (MEDI) system whereby authorized Providers and their agents can submit and receive electronic transactions via the Internet.

EDI Information

The Department has identified, down to the data element level, anything unique to our processing requirements in regards to the various EDI transactions. This document will identify only those things that the Department requires that are not clearly identified in the Implementation Guide.

Listed below are guidelines to follow when transmitting real time information to the Department.

1.)   A transmission (ISA/IEA) must contain only one functional group (GS/GE) with only one transaction set (ST/SE). Any loop occurrences over one will be ignored.

2.)   The Department will only process the first occurrence of the following loops. Any loop occurrences over one will be ignored.
> "HL" (Information Source Level) segment for Loop 2000A
> "HL" (Information Receiver Level) segment for Loop 2000B
> "HL" (Subscriber Level) segment for Loop 2000C
> "EQ" (Subscriber Eligibility or Benefit Inquiry Information) for Loop 2110C
> "DTP" (Subscriber Eligibility/Benefit Date) for Loop 2110C

270 – Health Care Eligibility Benefit Inquiry

IG page #	Loop	Description	Element ID	Element Name	Remarks
39	Beginning of Hierarchical Transaction	Code identifying purpose	BHT02	Transaction Set Purpose Code	Must be "13" (Request).
44	2100A	Information Source Name	NM101	Entity Identifier Code	Must be "PR" (Payer).
45	2100A	Information Source Name	NM102	Entity Type Qualifier	Must be "2" (Non-Person Entity.
45	2100A	Information Source Name	NM103	Name Last or Organization Name	Must be "ILLINOIS MEDICAID".
46	2100A	Information Source Name	NM108	Identification Code Qualifier	Must be "FI" (U.S. Federal Taxpayer's Identification Number).
46	2100A	Information Source Name	NM109	Identification Code	Must be "37-1320188".
50	2100B	Information Receiver Name	NM101	Entity Identifier Code	Must be "1P" (Provider).
51	2100B	Information Receiver Name	NM102	Entity Type Qualifier	Must be "2" (Non-Person Entity).
52	2100B	Information Receiver Name	NM108	Identification Code Qualifier	Must be "SV" (Service Provider Number).
52	2100B	Information Receiver Name	NM109	Identification Code	Provider Identification Number.
71	2100C	Subscriber Name	NM101	Entity Identifier Code	Must be "IL" - Insured or Subscriber
72	2100C	Subscriber Name	NM102	Entity Type Qualifier	Must be "1" - person
72	2100C	Subscriber Name	NM103	Name Last or Organization Name	Subscriber Last Name

IG page #	Loop	Description	Element ID	Element Name	Remarks
72	2100C	Subscriber Name	NM104	First Name	Subscriber First Name
73	2100C	Subscriber Name	NM108	Identification Code Qualifier	Must be "MI" (Member Identification Number).
73	2100C	Subscriber Name	NM109	Identification Code	Must be the Recipient's 9-digit number as it is shown on the MediPlan, KidCare, All Kids or Illinois Cares Rx Card.
76	2100C	Subscriber Additional Information	REF01	Reference Identification Qualifier	Must be "SY" Social Security Number or "EJ" Patient Account Number
76	2100C	Subscriber Additional Information	REF02	Reference Identification	Social Security Number Format – 999999999
83	2100C	Subscriber Demographic Information	DMG01	Date Time Format Qualifier	Must be "D8" (Format (CCYYMMDD)
83	2100C	Subscriber Demographic Information	DMG02	Subscriber Birth Date	Date of Birth of Individual
90	2110C	Subscriber Eligibility or Benefit Inquiry Information	EQ01	Service Type Code	Must be "30" (Health Benefit Plan Coverage) or "32" (Plan Waiting Period).
97	2110C	Subscriber Eligibility or Benefit Inquiry Information	EQ03	Coverage Level Code	Must be "IND" (Individual).
106	2110C	Subscriber Date	DTP01	Date/Time Qualifier	Must be "307" (Eligibility).

IG page #	Loop	Description	Element ID	Element Name	Remarks
107	2110C	Subscriber Date	DTP03	Date Time Period	Range of dates must be 3 month period or less. If the DTP segment is not present, system date will be used as beginning and ending dates.

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IG page #	Loop	Description	Element ID	Element Name	Remarks
162	2100A	Information Source Name	NM101	Entity Identifier Code	Must be "PR" (Payer).
164	2100A	Information Source Name	NM102	Entity Type Qualifier	Must be "2" (Non-person Entity).
164	2100A	Information Source Name	NM103	Name Last or Organization Name	Must be "ILLINOIS MEDICAID".
165	2100A	Information Source Name	NM108	Identification Code Qualifier	Must be "FI" (U.S. Federal Taxpayer's Identification Number).
165	2100A	Information Source Name	NM109	Identification Code	Must be "37-1320188".
173	2100A	Request Validation	AAA01	Valid Request Indicator	Must be "Y" – Valid but Rejected
173	2100A	Request Validation	AAA03	Reject Reason	Code Must be "42" Unable to Respond at Current Time
174	2100A	Request Validation	AAA04	Follow Up Action	Code Must be "P" Please Resubmit Original Transaction
178	2100B	Information Receiver Name	NM101	Entity Identifier Code	Must be "1P" (Provider).
179	2100B	Information Receiver Name	NM102	Entity Type Qualifier	Must be "2" (Non-person Entity).
179	2100B	Information Receiver Name	NM103	Name Last or Organization Name	Must be the name as it appeared in the 270 2100B NM103
180	2100B	Information Receiver Name	NM108	Identification Code Qualifier	Must be "SV" (Service Provider Number).
185	2100B	Information Receiver Request Validation	AAA01	Valid Request Indicator	Must be "Y" – Valid but Rejected

IG page #	Loop	Description	Element ID	Element Name	Remarks
185	2100B	Information Receiver Request Validation	AAA03	Reject Reason	Code Must be "50", "51"
186	2100B	Information Receiver Request Validation	AAA04	Follow Up Action	Code Must be "C" Please Correct and Resubmit
189	2000C	Subscriber Level	HL03	Hierarchical Level Code	Must be "22" (Subscriber).
191	2000C	Subscriber Trace Number	TRN01	Trace Type Code	Must be "1" or "2" "1" – HFS Transaction Authorization Number (TAN) "2" – Reference Transaction Trace Number
191	2000C	Subscriber Trace Number	TRN02	Reference Identification	Must be the Reference Number sent in the 270 Inquiry transaction or the HFS TAN.
193	2100C	Subscriber Name	NM101	Entity Identifier Code	Must be "IL" - Insured or Subscriber
194	2100C	Subscriber Name	NM102	Entity Type Qualifier	Must be "1" - person
194	2100C	Subscriber Name	NM103	Subscriber Last Name	Subscriber Last Name
194	2100C	Subscriber Name	NM104	Subscriber First Name	Subscriber First Name
195	2100C	Subscriber Name	NM108	Identification Code Qualifier	Must be "MI" (Member Identification Number).
195	2100C	Subscriber Name	NM109	Identification Code	Must be the Recipient's 9-digit number as it is shown on the MediPlan, KidCare, All Kids or Illinois Cares Rx Card.

IG page #	Loop	Description	Element ID	Element Name	Remarks
207	2100C	Subscriber Request Validation	AAA01	Valid Request Indicator	Must be "Y" – Valid but Rejected
208	2100C	Subscriber Request Validation	AAA03	Reject Reason	Code Must be "57","62","72","73","75" or ""76"
209	2100C	Subscriber Request Validation	AAA04	Follow Up Action	Code Must be "C" Please Correct and Resubmit
213	2100C	Subscriber Relationship	INS01	Insured	Code must be 'Y' Subscriber
213	2100C	Subscriber Relationship	INS02	Relationship	Code must be '18' Self
213	2100C	Subscriber Relationship	INS03	Maintenance Type	Code must be '001' Changed
214	2100C	Subscriber Relationship	INS04	Maintenance Reason	Must be '25' Change in identifying Elements
219	2110C	Eligibility Information	EB01	Eligibility Information	Must be '1', '6', '7', 'A', 'B', 'F', 'I', 'L', 'MC', 'N', 'R', 'U', 'V' or 'Y'
221	2110C	Eligibility Information	EB02	Coverage Level	Must be 'IND' or 'FAM'
221	2110C	Eligibility Information	EB03	Service Type	Must be '30', '32', '45', '47', '48', '50', '52', '54', '60', '68', '69', '70', '76', '82', '86', '88', '91', '92', '98', 'A4'
226	2110C	Eligibility Information	EB04	Insurance Type	Must be 'HM', 'IP', 'MA', 'MB', "MC', 'OT' or 'QM'

IG page #	Loop	Description	Element ID	Element Name	Remarks
227	2110C	Eligibility Information	EB05	Plan Coverage Description	When EB04 'OT'; Will be 'ALL KIDS ELIGIBLE', 'ALL KIDS IMMIGRANT, MEDICAL SERVICES COVERED', 'ALL KIDS LEVEL 1', 'ALL KIDS LEVEL 2', 'ALL KIDS LEVEL 3', 'ALL KIDS LEVEL 4', 'ALL KIDS LEVEL 5', 'ALL KIDS LEVEL 6', 'ALL KIDS LEVEL 7', 'ALL KIDS LEVEL 8', 'ALL KIDS PRIOR COVERAGE', 'ALL KIDS SHARE', 'DHS SERVICE PACKAGE A', 'DHS SOCIAL SERVICES', 'DISEASE MANAGEMENT PROGRAM RECIPIENT' 'HEALTHY MOMS HEALTHY KIDS', 'ILLINOIS HEALTHY WOMEN', 'ILLINOIS CARES RX BASIC', 'ILLINOIS CARES RX PLUS', 'KIDCARE COPAY MET', 'KIDCARE IMMIGRANT, MEDICAL SERVICES COVERED', 'KIDCARE NO COPAY', 'KIDCARE PREMIUM', 'KIDCARE PRIOR COVERAGE', 'KIDCARE SHARE', 'MEDICARE PART D', 'RURP' (Recipient Utilization Review), 'SENIORCARE PHARMACY PROGRAM', 'STATE RENAL DIALYSIS', 'VETERANS CARE' '
229	2110C	Monetary Amount	EB07	Monetary Amount	Must be the Co pay amount when EB01 = 'B'.

IG page #	Loop	Description	Element ID	Element Name	Remarks
229	2110C	Percentage	EB08	Percentage	Must be the Co Insurance amount when EB01 = 'A'.
230	2110C	Eligibility Information	EB11	Authorization or Certification Indicator	Must be 'Y' when Prior Approval Required is indicated.
238	2110C	Subscriber Additional Identification	REF01	Reference Identification Qualifier	Must be "SY","1L","1W","3H","6P","F6" or "EJ"
239	2110C	Subscriber Additional Identification	REF02	Reference Identification	Use this for the reference number as qualified by preceding data element REF01.
240	2110C	Subscriber Eligibility Benefit Date	DTP01	Date Time Qualifier	Must be "307"
242	2110C	Subscriber Request Validation	AAA01	Valid Request Indicator	Must be "Y" – valid but rejected
243	2110C	Subscriber Request Validation	AAA03	Reject Reason Code	Must be "15","57","60","62","63"
243	2110C	Subscriber Request Validation	AAA04	Follow Up Action Code	Must be "C" Please Correct and Resubmit
244	2110C	Message Text	MSG01	Free Form Message Text	Free Form Message Text
250	2120C	Subscriber Benefit Related Entity Name	NM101	Entity Identifier Code	Must be "13", "1P", "P3", "PRP", "X3"

IG page #	Loop	Description	Element ID	Element Name	Remarks
250	2120C	Subscriber Benefit Related Entity Name	NM102	Entity Type Qualifier	Must be "2" – non-person entity
251	2120C	Subscriber Benefit Related Entity Name	NM103	Name Last or Organization Name	Must be Organization Name
252	2120C	Subscriber Benefit Related Entity Name	NM108	Identification Code Qualifier	Must be "MI","PI"
253	2120C	Subscriber Benefit Related Entity Name	NM109	Identification Code	Used for reference Number as qualified by the preceding data element NM108
254	2120C	Subscriber Benefit Related Entity Address	N301	Address Information	1st line of Address Information
255	2120C	Subscriber Benefit Related City/State/Zip Code	N401	City Name	Free Form text for city name of the entity's address
256	2120C	Benefit Related City/State/Zip Code	N402	State or Providence Code	State Code of entity's address
256	2120C	Benefit Related City/State/Zip Code	N403	Postal Code	The zip or postal code of entity's address
258	2120C	Subscriber Benefit Related Entity Contact Information	PER01	Contact Function Code	Must be "IC" – information contact

IG page #	Loop	Description	Element ID	Element Name	Remarks
258	2120C	Subscriber Benefit Related Entity Contact Information	PER02	Benefit Related Entity Contact Name	Use this name for the individuals name or groups name to use when contacting the individual or organization
258	2120C	Subscriber Benefit Related Entity Contact Information	PER03	Communication Number Qualifier	Must Be "TE"
259	2120C	Subscriber Benefit Related Entity Contact Information	PER04	Communication Number	Required when PER02 is not present or when a contact number is to be sent in addition to the contact name. Format – AAABBBCCCC AAA- area code BBBCCCC – local number